

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 7
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Mayday PAC		FEC IDENTIFICATION NUMBER ▼ C C00562587	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2016	

Full Name of Payee BuzzMaker US, LLC [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2016	
Mailing Address 322 Shepherd St NW		Amount 500.00	
City Washington	State DC	Zip Code 20011-4812	Transaction ID : VNV0C9TXN44
Purpose of Expenditure Online Advertising Services		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Name of Federal Candidate TEACHOUT, ZEPHYR, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		7677.70	

Full Name of Payee Green Dot Bank		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2016	
Mailing Address 3465 E Foothill Blvd		Amount 2200.00	
City Pasadena	State CA	Zip Code 91107-6071	Transaction ID : VNV0C9TW4J1
Purpose of Expenditure Prepaid Debit Card		Category/ Type 007	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2016
Name of Federal Candidate FASO, JOHN J. MR., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		7677.70	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2200.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Singer, Benjamin, , ,

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Date

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NAME OF COMMITTEE (In Full) Mayday PAC		FEC IDENTIFICATION NUMBER ▼ C C00562587	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 31 / 2016</div> </div>	

Full Name of Payee Parker-Spitzer, Christine, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 1307 Saint Johns Pl Apt 2B		Amount 250.00	
City Brooklyn	State NY	Zip Code 11213-3766	Transaction ID : VNV0C9TWKR0
Purpose of Expenditure Organizing Fellowship 10/27/16-11/8/16		Category/ Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2016
Name of Federal Candidate FASO, JOHN J. MR., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Parker-Spitzer, Christine, , , X		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 1307 Saint Johns Pl Apt 2B		Amount 250.00	
City Brooklyn	State NY	Zip Code 11213-3766	Transaction ID : VNV0C9TXEK7
Purpose of Expenditure Organizing Fellowship 10/27/16-11/8/16		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate FASO, JOHN J. MR., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	250.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee Pezzella, Richard, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 2170 Brigham St Apt 1H		Amount 150.00	
City Brooklyn	State NY	Zip Code 11229-5638	Transaction ID : VNV0C9TWKM9
Purpose of Expenditure Organizing Fellowship 10/27/16-11/8/16		Category/ Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2016
Name of Federal Candidate FASO, JOHN J. MR., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Pezzella, Richard, , , X		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 2170 Brigham St Apt 1H		Amount 150.00	
City Brooklyn	State NY	Zip Code 11229-5638	Transaction ID : VNV0C9TXEM5
Purpose of Expenditure Organizing Fellowship 10/27/16-11/8/16		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate FASO, JOHN J. MR., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY 10 / 31 / 2016	

Full Name of Payee Signs.com		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 1550 S Gladiola St		Amount 289.01	
City Salt Lake City	State UT	Zip Code 84104-6506	Transaction ID : VNV0C9TVY14
Purpose of Expenditure Printing - Event Banners		Category/ Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2016
Name of Federal Candidate FASO, JOHN J. MR., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Signs.com		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 1550 S Gladiola St		Amount 91.16	
City Salt Lake City	State UT	Zip Code 84104-6506	Transaction ID : VNV0C9TVY30
Purpose of Expenditure Printing - Event Banners		Category/ Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2016
Name of Federal Candidate FASO, JOHN J. MR., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	380.17
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee Signs.com		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 1550 S Gladiola St		Amount 33.09	
City Salt Lake City	State UT	Zip Code 84104-6506	Transaction ID : VNV0C9TW4C4
Purpose of Expenditure Shipping - Event Banners		Category/ Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2016
Name of Federal Candidate FASO, JOHN J. MR., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Signs.com		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 1550 S Gladiola St		Amount 30.09	
City Salt Lake City	State UT	Zip Code 84104-6506	Transaction ID : VNV0C9TW4D1
Purpose of Expenditure Shipping - Event Banners		Category/ Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2016
Name of Federal Candidate FASO, JOHN J. MR., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	63.18
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div><small>M M M</small> 10</div> <div><small>D D D</small> 31</div> <div><small>Y Y Y Y Y Y</small> 2016</div> </div>	

Full Name of Payee Singer, Benjamin, , ,		Date of Public Distribution/Dissemination <div><small>M M M</small> / <small>D D D</small> / <small>Y Y Y Y Y Y</small> 10 / 27 / 2016</div>	
Mailing Address 757 Lincoln Pl		Amount <div><small>M M M M M M</small> 12.95</div>	
City Brooklyn	State NY	Zip Code 11216-4209	Transaction ID : VNV0C9TW4B6
Purpose of Expenditure Reimb. Prepaid Debit Card; ultimate payee was Duane Reade		Category/ Type 007	Date of Disbursement or Obligation <div><small>M M M</small> / <small>D D D</small> / <small>Y Y Y Y Y Y</small> 10 / 25 / 2016</div>
Name of Federal Candidate FASO, JOHN J. MR., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		<div><small>M M M M M M</small> 7677.70</div>	

Full Name of Payee Singer, Benjamin, , ,		Date of Public Distribution/Dissemination <div><small>M M M</small> / <small>D D D</small> / <small>Y Y Y Y Y Y</small> 10 / 27 / 2016</div>	
Mailing Address 757 Lincoln Pl		Amount <div><small>M M M M M M</small> 1399.62</div>	
City Brooklyn	State NY	Zip Code 11216-4209	Transaction ID : VNV0C9TX9Z2
Purpose of Expenditure Salaries		Category/ Type 001	Date of Disbursement or Obligation <div><small>M M M</small> / <small>D D D</small> / <small>Y Y Y Y Y Y</small> 10 / 27 / 2016</div>
Name of Federal Candidate FASO, JOHN J. MR., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		<div><small>M M M M M M</small> 7677.70</div>	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div><small>M M M M M M</small> 1412.57</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div><small>M M M M M M</small></div>
(c) TOTAL Independent Expenditures.....▶	<div><small>M M M M M M</small></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Singer, Benjamin, , ,

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NAME OF COMMITTEE (In Full) Mayday PAC	FEC IDENTIFICATION NUMBER ▼ C C00562587
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 31 / 2016</div> </div>	

Full Name of Payee Singer, Benjamin, , , X		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 757 Lincoln Pl		Amount 14.86	
City Brooklyn	State NY	Zip Code 11216-4209	Transaction ID : VNV0C9TXEJ0
Purpose of Expenditure Reimb: Transportation; ultimate payee Shell		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate FASO, JOHN J. MR., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	4955.92

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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